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Country note**

Botswana

Summary

The Executive Director presents the country note for Botswana for a programme of cooperation for the period 2003 to 2007.

The situation of children and women

1. With 43 per cent of its population of 1.67 million below 15 years old, Botswana has a growth rate of 2.5. It is classified as a middle income country, with an average gross domestic product of $3,200 in 1999. Despite this sustained economic growth, however, the 1997 poverty study showed that 47 per cent of the population lived below the poverty line, and female-headed households (47 per cent of households) accounted for the majority of those living in poverty. Botswana's Human Development Index dropped from 0.750 in 1994 to 0.593 in 1998 largely because of the impact of the growing HIV/AIDS epidemic.

2. Botswana has one of the fastest growing HIV infection rates and the highest prevalence rate of HIV in the world. In 1999, HIV prevalence was estimated at 17 per cent in the general population and 28 per cent among the sexually active. About 300,000 people live with HIV/AIDS, putting the health care system under increasing stress. The devastating impact of HIV/AIDS has eroded most of the gains and continues to undermine the potential for recovery. Household incomes are being

* E/ICEF/2002/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2002.

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dissipated to unsustainable levels. Family resources are reallocated to assist AIDS patients, compromising children's care and their ability to stay in school.

3. Most AIDS deaths occur in adults of child-bearing age. These parents leave behind orphans dependent on aged grandparents or relatives. There are an estimated 78,000 orphaned children below the age of 15 years; less than 30,000 of them are registered, and about 25,000 receive food baskets and other material support from the Government. The government social welfare service is slow and also weak in psychosocial support. If the present trend of the spread of HIV infection continues, children in unprecedented numbers will be left without parental care, and traditional caring mechanisms will soon be unable to cope. The number of child-headed households will increase significantly. Only a few non-governmental organizations (NGOs) and community-based organizations (CBOs) are engaged in orphan care services.

4. Maternal mortality is estimated at 300 per 100,000 live births. Over 90 per cent of pregnant women attend antenatal care, and 98 per cent of deliveries are assisted by health workers. The 2000 sentinel survey report indicated that HIV prevalence among pregnant women attending antenatal clinics ranged from 30 to 53 per cent, with a median of 39 per cent (as compared to a median of 36 per cent in 1999). Without preventive measures, 9,500 babies are expected to become HIV positive from their mother each year. With effective interventions, the transmission rate can be reduced from 40 to 10 per cent, saving approximately 7,000 babies each year. Data on paediatric admission in urban centres indicate that about 35 per cent of the cases are HIV/AIDS-related, while about 70 per cent of paediatric deaths in hospitals are related to HIV. By 1999, over 37,000 children under five years old were infected with HIV, acquired primarily through mother-to-child transmission (MTCT).

5. The 2000 multiple indicator cluster survey estimated infant and under-five mortality rates at 57 and 75 per 1,000 live births, respectively, up from 37 and 53 per 1,000, respectively. This sharp upward trend is attributed to the HIV/AIDS epidemic. The other causes of under-five mortality are diarrhoeal diseases, acute respiratory infections and neonatal infections. Access to services is very good. Access to safe water is 97 per cent; and expanded programme on immunization coverage for children under one year old is 90 per cent for measles, 99 per cent for anti-tuberculosis vaccine, and 98 per cent each for three doses of polio vaccine and three doses of combined diphtheria, pertussis and tetanus vaccine.

6. A remarkable achievement in education is the 92 per cent primary school enrolment rate. As access is high, concern has focused on improving the quality of education. Opportunities for early childhood stimulation and learning are very limited. Only 9 per cent of children in that age group have access to pre-school education. The private sector, NGOs and some local authorities provide very limited early childhood care, and education. In the national policy on early childhood education and care the Government limits its participation to creating an enabling environment, ensuring standards and monitoring. Services are limited mainly to urban centres and to those children whose parents can afford to pay the fees. The low uptake also marginalizes other vulnerable children such as children of remote area dwellers.

7. Adolescents are faced with multiple sexual and reproductive health problems, including HIV/AIDS, unplanned pregnancies and unsafe abortions. Between 1995

and 2000, national sentinel surveys among pregnant women have consistently recorded HIV prevalence of over 20 per cent among 15- to 19-year-old adolescents. For every adolescent boy, there are four adolescents girls infected with HIV. High HIV prevalence in girls is attributed to older men seeking out presumably uninfected young girls. The partnership between schools and the community is weak, and there are no legal and administrative instruments to protect children from sexual abuse and exploitation. Studies also show that over 90 per cent of adolescents in Botswana are aware of HIV, although in most instances, this knowledge does not result in behavioural change. Teenage pregnancy remains a concern, with 17 per cent of teenage girls being mothers, 85 per cent of which are unplanned. Access to friendly reproductive health services is limited. Girls experience gender bias in households, in the community and in schools.

8. Violence against women and adolescent girls, particularly rape and domestic violence, is a major concern. Around 3 per cent of 10- to 14-year-old girls are sexually active, and one third of these were forced to have sex. Of the reported sexual and domestic abuse cases, less than 40 per cent were convicted. Access to services, including legal aid and counselling, is very limited.

Lessons learned from past cooperation

9. A major lesson learned in the implementation of the 2000–2002 Country programme of cooperation (E/ICEF/1999/P/L.17) was that strategies based on small, isolated pilot projects could not achieve the desired nationwide impact, particularly in light of the HIV/AIDS crisis facing the country. Therefore, the mid-term review (MTR) recommended refocusing programmes and services to have nationwide coverage, with phased expansion where necessary. The MTR also recommended that the programme continue to focus on HIV/AIDS prevention and mitigation of its impact on children and women, while emphasizing the need for increased action to strengthen partnerships and alliances with communities, districts, NGOs, CBOs and the private sector. The MTR further recommended that schools become child-friendly and gender-sensitive, and that they serve community outreach resource centres for HIV/AIDS information and services, including action for nationwide implementation of a youth-generated information education and communication strategy that facilitates positive behaviour change. Strengthening of the technical and financial capacity of the UNICEF country office to effectively fulfil its role as a national development partner was also strongly recommended by the MTR.

10. The evaluation of the parent-/mother-to-child transmission (PMTCT) pilot programme showed that social mobilization and community participation strategies are critical for successful programme implementation. The conventional approach of viewing communities as "beneficiaries/service recipients" of programmes has major shortcomings, and violates the rights of communities and individuals to participate in decision-making that affects their lives. This is particularly critical when implementing programmes dealing with sensitive issues such as stigma and discrimination.

11. Lessons learned from implementation of orphan care services highlighted the need for such services to have appropriate strategies for the scaled up provision of psychosocial support for orphans and their caregivers; to support child-headed households where children grow without parental guidance; to protect the property

rights for orphans; and to protect vulnerable children from sexual a
exploitation. Partnerships with communities, districts, CBOs and NGOs v
found to be key for reaching all orphans within the shortest possible time.

12. Strategies used in the piloting of the four models for adolescen
reproductive health services revealed that peer educators were pivotal to th
of adolescent-friendly reproductive health service centres. However, the pr
not build incentives for youth. As a result, it has been extremely difficult
trained peer educators. Although peer educators do not expect salaries,
expect at least to have transport and meal allowances. Inadequate involv
adolescents in programme design and implementation has resulted in
opportunities to empower and engage young people to become key partner
prevention.

Proposed country programme strategy

13. The 2003-2007 country programme strategies will contribute to
emerging from the National Development Plan and the National H
Strategic Plan. Programme choices have been guided by Botswana's Visi
the Initial National Report to the Committee on the Rights of the Child, th
Agenda for Children, the UNICEF medium-term strategic plan, the Unite
General Assembly Special Session Declaration on HIV/AIDS, and UNICEF
and global priorities. The thrust of the country programme has also been g
the joint United Nations/Government Common Country Assessment/Unite
Development Assistance Framework priorities that include HIV/AIDS, po
environment.

14. The overall objectives of the country programme are to: (a) streng
capacities of actors, including children, at different levels to prevent infe
mitigate the impact of HIV/AIDS on children and women; (b) s
Botswana's capacity to promote, respect, protect and fulfil the rights of chi
women; (c) mobilize and strengthen household and community capacity f
and develop partnership for fulfilment of the rights of women and chil
advocate for, review and harmonize legislation and policies in compliance
Convention on the Rights of the Child and the Convention on the Eliminati
Forms of Discrimination against Women; and (e) improve the quality
services for women and children in Botswana.

15. The broad strategies of the country programme include rights-base
for government partners, NGOs and CBOs to promote programming bas
principles of human rights. The primary focus of the strategy will be on H
prevention and the mitigation of its impact on children. It will also address
and strengthening of capacity gaps in children, households, communitie
districts and service providers for effective participation and partnership in
against HIV/AIDS. Strengthening advocacy, information, communication a
mobilization will be used as key strategies to ensure that relevant le
policies, resources and services are in place, including building
partnerships with both the private and public sectors for leveraging and m
resources to fulfil children's and women's rights. The training of service
will be implemented to improve the quality and child-friendliness of servi

health, education and social welfare sectors as well as in the legislative systems. The country programme will have three component programmes.

16. The objectives of the **HIV/AIDS prevention and mitigation** programme are to: (a) provide access to PMTCT services to all pregnant women attending antenatal services and contribute to the reduction of MTCT of HIV by 75 per cent by 2007; (b) contribute to the reduction of the HIV transmission rate among adolescents (12-18 years old) by 40 per cent by 2007; (c) strengthen the capacities of households, communities and service providers to support and provide comprehensive care to all orphans and vulnerable children; and (d) provide access to all HIV-infected women and their children to appropriate care and support services.

17. The strategies of this programme will focus on improving the knowledge and health-seeking behaviour of women, men and adolescents. They will include expansion of PMTCT interventions nationwide as an integral part of maternal and child health services; the mobilization and active engagement of young people to play a critical role in HIV prevention, peer education and the provision of adolescent-friendly reproductive health services; increasing the capacity of households, communities, schools, district councils and civil society; and strengthening referral linkages and community support groups.

18. The objectives of the programme on **mobilization for the realization of children's and women's rights** are: (a) to generate and use evidence-based information for advocacy and decision-making; (b) to mobilize duty bearers at all levels and strengthen community capacity for the fulfilment of women's and children's rights; (c) to support and strengthen media capacity for effective communication and social mobilization for positive behavioural change; and (d) to create partnerships and alliances with communities, civil society and the private sector for the prevention and mitigation of HIV/AIDS.

19. The programme strategies will emphasize capacity-building for partners in Government and NGOs, including advocacy with leaders to popularize and integrate the two Conventions in programmes and policies. Strategies will focus on the production and dissemination of evidence-based information on the situation of women and children to influence decision-making and resource mobilization. Important elements of the strategy will include effective media communication to facilitate public information on HIV/AIDS and promote children's and women's rights; multi-pronged advocacy to increase the UNICEF profile and support its fund-raising efforts for the benefit of Botswana's children; and strengthening the capacities of identified duty bearers at national, district, community and household levels for the realization of children's and women's rights. The strategy will also emphasize strengthening national capacity in information, education and communication, as well as community-based communication initiatives that facilitate appropriate interpersonal communication aimed at breaking the silence and eliminating stigma, for improved household care and to increase community response and demand for HIV/AIDS-related services.

20. The objectives of the **legislation, policy and social services** programme are to: (a) advocate for, review, develop and harmonize all legislation and policies related to children to comply with the Convention on the Rights of the Child; (b) improve all primary schools, by making them child-friendly and gender-sensitive, as well as community outreach resource centres for HIV/AIDS information and services; (c) advocate for, develop and ensure the universal provision of

comprehensive early childhood education, care and development; (d) strengthen the juvenile justice system so that it becomes child-friendly; and (e) contribute to the reduction of infant and under-five mortality rates by one half by 2007 (from 57 and 75 per 1,000 live births to 30 and 40 per 1,000 live births, respectively).

21. Strategies of this programme will emphasize the use of multi-pronged advocacy, with a strong focus on the participation of children. It will also focus on improving schools to ensure the protection of children's rights; enhancing the full participation of Government in the provision of and universal access to early childhood care and education, together with the mobilization of communities, NGOs, CBOs and the private sector; the training of legislative bodies and law enforcement agencies; and the involvement of stakeholders to ensure understanding of the standards of the Convention on the Rights of the Child. This will lead to the development of legislative instruments for a child-friendly juvenile justice system; and capacity-building of service providers, including NGOs and CBOs, for programme development, service delivery and monitoring systems in the health, education and social welfare sectors. Referral linkages, community Integrated Management of Childhood Illness, home-based care, PMTCT, and services for orphans and vulnerable children will be strengthened.

22. Technical input has been and will continue to be the most critical input in the implementation of the country programme. **Cross-sectoral costs** will support technical expertise and other management capacities in support of the programme.

Estimated programme budget

Estimated programme cooperation, 2003-2007[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
HIV/AIDS prevention and mitigation	605	4 120	4 725
Mobilization for the realization of children's and women's rights	860	1 190	2 050
Legislation policy reform and social services	885	3 600	4 485
Cross-sectoral costs	750	–	750
Total	**3 100**	**8 910**	**12 010**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.